

P12000000468

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DIVISION OF CORPORATIONS  
12 JAN 23 PM 2:34

Art Correction  
Name chg/ce  
@ 1/24/12

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BILL CORDY INSURANCE AGENCY INC

Name of Corporation

DOCUMENT NUMBER: P12000000468

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM H CORDY

Name of Contact Person

BILL CORDY INSURANCE AGENCY INC

Firm/Company

2737 N HIAWASSEE RD

Address

ORLANDO FL 32818

City/State and Zip Code

BILL.CORDY.CP8L@STATEFARM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILL CORDY

Name of Contact Person

at ( 407 ) 298-9996

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# ARTICLES OF CORRECTION

for

**BILL CORDY INSURANCE AGENCY INC**

Name of Corporation as currently filed with the Florida Dept. of State

**P12000000468**

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct **BILL CORDY INSURANCE INC**,  
(Document Type Being Corrected)

filed with the Department of State on **P12000000468**,  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

**CHANGE CORPORATION NAME FROM BILL CORDY INSURANCE INC TO BILL  
CORDY INSURANCE AGENCY INC**

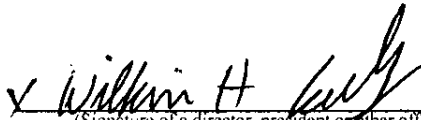
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 23 PM 2:34

Correct the inaccuracy, incorrect statement, or defect:

**BILL CORDY INSURANCE AGENCY INC**

**INITIAL OFFICER WILLIAM H CORDY-DIR**

**EFFECTIVE DATE OF CORPORATION IS 01/01/2012**



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary)

**William H. Cordy**

(Typed or printed name of person signing)

**Dir**

(Title of person signing)

**Filing Fee: \$35.00**